

AUTO CR - LOG SUMMARY #1073886

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE OFFICERS RESPONDED TO A CALL OF A DISTURBANCE THAT INVOLVED A MENTAL PATIENT [REDACTED] WHO HAD NOT TAKEN HER MEDICATION IN THREE WEEKS. IT IS REPORTED THAT THE SUBJECT REFUSED VERBAL COMMANDS, BECAME IRATE, STARTED KICKING AND FLAILING HER ARMS. OFFICER SANCHEZ YELLED TASER, TASER, TASER AND DEPLOYED HIS TASER STRIKING THE SUBJECT. OFFICER MOUSSA WENT TO PLACE THE OFFENDER INTO CUSTODY BUT SHE CONTINUED TO RESIST, NOT FOLLOWING VERBAL DIRECTIONS. THE SUBJECT STARTED TO GET UP WHEN OFFICER SANCHEZ DISCHARGED THE TASER AGAIN AND OFFICER MOUSSA PERFORMED AN EMERGENCY TAKEDOWN, AND REAR CUFFING GETTING THE OFFENDER INTO CUSTODY. THE SUBJECT WAS TRANSPORTED TO [REDACTED] FOR A MENTAL HEALTH EVALUATION.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SWAIN, MATTHEW	[REDACTED]	015 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
23-FEB-2015 12:22 - 23-FEB-2015 12:22	[REDACTED]	1512	015	277 - PARKING LOT/GARAGE(NON. RESID.)	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]				F	BLK	[REDACTED]	
CPD Employee	Involved Member	SANCHEZ, JOSE L	11497	[REDACTED]	POLICE OFFICER	M	S		
CPD Employee	Witness	ZADURA, VITA C	12951	[REDACTED]	POLICE OFFICER	F	WHI		
CPD Employee	Witness	HUNTER, CHARLES	13938	[REDACTED]	POLICE OFFICER	M	BLK		
CPD Employee	Witness	MOUSSA, GEORGE	5509	[REDACTED]	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Third Party	SWAIN, MATTHEW	SANCHEZ, JOSE L	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	HUNTER, CHARLES	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	MOUSSA, GEORGE	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	ZADURA, VITA C	CO-WORKER
Reporting Party Third Party	SWAIN, MATTHEW	[REDACTED]	NO RELATIONSHIP

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N

EEO Complaint No.:

Civil Suit No.:

Notify Chief Administator? N

Civil Suit Settled Date:

Notify Chief?

Notify Coordinator?

Notification Does Not Apply? Y

Notification Other? N

Notification Comments:

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE		N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
SALINAS-LOPEZ, LUIS	Primary	RAPID RESPONSE	01-JUN-2015	30-AUG-2015	18-JUN-2015	17
QUERFURTH, PATRICK	Supervisor	RAPID RESPONSE	30-APR-2015	29-JUL-2015	18-JUN-2015	

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-JUN-2015 09:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING C.O.P.A. COORDINATOR REVIEW	19-JUN-2015 08:32	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	18-JUN-2015 09:01	SALINAS-LOPEZ, LUIS	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	01-JUN-2015 12:49	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	01-JUN-2015 11:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN INVESTIGATOR	30-APR-2015 10:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	31-MAR-2015 01:53	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	31-MAR-2015 10:20	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	04-MAR-2015 09:34	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	24-FEB-2015 08:42	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	23-FEB-2015 04:23	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	INVESTIGATION					SALINAS-LOPEZ, LUIS	01-JUN-2015 02:36			

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	23-FEB-2015 04:23			
2	CONFLICT CERTIFICATION					QUERFURTH, PATRICK	01-JUN-2015 12:49			
3	CONFLICT CERTIFICATION					SALINAS-LOPEZ, LUIS	03-JUN-2015 01:05			
4	DOCUMENTS - INVESTIGATION		1		N	SALINAS-LOPEZ, LUIS	03-JUN-2015 03:19	APPROVED		
5	DOCUMENTS - INVESTIGATION		1	Attempt to contact [REDACTED]	N	SALINAS-LOPEZ, LUIS	18-JUN-2015 08:55	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	31-MAR-2015 10:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC.J.SANCHEZ#11497	N	STEWART, DENISE	23-FEB-2015 05:00	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. C.HUNTER#13938	N	STEWART, DENISE	23-FEB-2015 04:54	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. V. DELES#12951	N	STEWART, DENISE	23-FEB-2015 04:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	RE [REDACTED]	N	STEWART, DENISE	23-FEB-2015 04:45	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. V. DELES#12951	N	STEWART, DENISE	23-FEB-2015 04:48	APPROVED		
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:59			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:59			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:58			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		SALINAS-LOPEZ, LUIS	18-JUN-2015 08:59			
	DOCUMENTS - INTAKE INCIDENT		2	OFC.G.MOUSSA#5509	N	STEWART, DENISE	23-FEB-2015 04:58	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC.C.HUNTER#13938	N	STEWART, DENISE	23-FEB-2015 04:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC.G.MOUSSA#5509	N	STEWART, DENISE	23-FEB-2015 04:56	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	QUERFURTH, PATRICK	SUPERVISING INV COPA	113	19-JUN-2015 08:32	To Close

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 23-FEB-2015) - LOG #1073886

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SWAIN, MATTHEW	[REDACTED]	015 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
23-FEB-2015 12:22 - 23-FEB-2015 12:22	[REDACTED]	1512	015	277	PARKING LOT/GARAGE(NON. RESID.)

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	RAPID RESPONSE	SALINAS-LOPEZ, LUIS (PRIMARY INV)	01-JUN-2015 12:49	QUERFURTH, PATRICK	
IPRA	RAPID RESPONSE	QUERFURTH, PATRICK (SUPERVISOR)	30-APR-2015 10:27	WEEDEN, WILLIAM	
IPRA	RAPID RESPONSE	-	30-APR-2015 10:27	WEEDEN, WILLIAM	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	23-FEB-2015 16:23	STEWART, DENISE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-JUN-2015 09:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING C.O.P.A. COORDINATOR REVIEW	19-JUN-2015 08:32	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	18-JUN-2015 09:01	SALINAS-LOPEZ, LUIS	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	01-JUN-2015 12:49	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

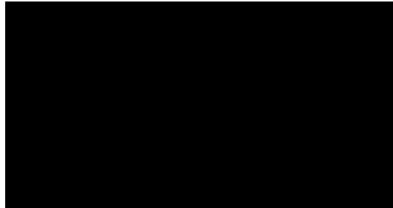
Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	01-JUN-2015 11:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN INVESTIGATOR	30-APR-2015 10:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	04-MAR-2015 09:34	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	24-FEB-2015 08:42	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	23-FEB-2015 04:23	STEWART, DENISE	INTAKE AIDE	113 /	



INDEPENDENT POLICE REVIEW AUTHORITY
CITY OF CHICAGO

03 June 2015
Log #1073886



The Independent Police Review Authority has been assigned to investigate an incident registered on 23 February 2015. Please contact me before the close of business on June 15, 2015 to discuss this incident. I can be reached at (312) 746-3594 extension 1085 between the hours of 8:00 a.m. and 4:00 p.m. If I am unavailable, please leave your name and telephone number where you may be reached and I will return your call as soon as I receive the message.

The fullest investigation of this complaint is possible only if I can have your cooperation. I hope to hear from you soon.

Sincerely,


Investigator Luis Salinas

INDEPENDENT POLICE REVIEW AUTHORITY

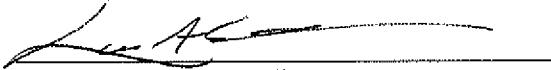
Date: 18 June 2015
Log # 1073886

TO: Chief Administrator
Independent Police Review Authority

FROM: Investigator Luis Salinas, #176

SUBJECT: ATTEMPT TO CONTACT [REDACTED]

On 03 June 2015, the Reporting Investigator (R/I) sent correspondence to [REDACTED] at [REDACTED]. In the letter, the R/I informed [REDACTED] that the Independent Police Review Authority was assigned to investigate an incident in which she was tased by Chicago Police officers on 23 February 2015. The R/I also requested that [REDACTED] contact the R/I no later than the close of business on 15 June 2015 to discuss the incident. To date, [REDACTED] has not responded to the R/I's request.



IPRA Luis Salinas, #176

APPROVED:



IPRA Supervisor

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

INCIDENT
APPROVAL COMPLETE

IUCR: 0454 - Battery - Agg Po Hands No/Min Injury

1360 - Criminal Trespass - To Vehicle

3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer

Occurrence Location: [REDACTED] Beat: 1512

Unit Assigned: 1512

RO Arrival Date: 23 February 2015 12:22

277 - Parking Lot/Garage(Non.Resid.)

Offenders: 1

Occurrence Date: 23 February 2015 12:18

VICTIM - Individual

Police Officer

Name: P.O. MOUSSA #5509

Res: 5701 W Madison St Beat: 1513
Chicago IL

Sobriety: Sober

CPD Officer: Yes

Other Communications and Availability

Business Phone : 312-743-1440

VICTIM - Individual

Police Officer

Name: P.O. SANCHEZ #11497

5701 W Madison St Beat: 1513
Chicago, Illinois
312 - 743 - 1440

Sobriety: Sober

CPD Officer: Yes

VICTIM - Individual

Police Officer

Name: P.O. DELES #12951

Res: 5701 W Madison St Beat: 1513
Chicago IL

Sobriety: Sober

CPD Officer: Yes

Other Communications and Availability

Cellular Phone : 312-743-1440

VICTIM - Individual

[REDACTED]

Beat: 1512

Demographics

Female
White Hispanic

DOB: [REDACTED]

Age: 49 Years

DLN: [REDACTED]

RD# [REDACTED]

Sobriety: Sober

CPD Officer: No

Other Communications and Availability

Cellular Phone : [REDACTED]

WITNESS - Individual

NON-OFFENDER(S)

INJURY(S)

SUSPECT(S)

RELATIONSHIP

OTHER

CPD Officer: No	Beat: 1512	Demographics
		Female Black
Other Communications and Availability		
Cellular Phone : [REDACTED]		

Injury Info (P.O. MOUSSA #5509 - Victim)		
Extent: Minor		
<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
Abrasions	Hand/Feet/Teeth/Etc.	Other - Hands (Nails)
Bruised	Hand/Feet/Teeth/Etc.	Other - Leg, Foot
Injury Info (P.O. DELES #12951 - Victim)		
Injured BY offender		

Suspect # 1		
[REDACTED]	Beat: 1512	Demographics
		Female Black
Injury Info		
Extent: Serious		
CFD First Aid Given	Yes	
Responding Unit:	Engine 29	[REDACTED]
<u>Type</u>	<u>Weapon Used</u>	<u>Description</u>
Other	Other	MENTAL HEALTH

P.O. MOUSSA #5509	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
P.O. SANCHEZ #11497	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
P.O. DELES #12951	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

Miscellaneous		
Victim Information Provided	Flash Message Sent ?	No

IN SUMMARY: R/O'S RESPONDED TO THE ABOVE ADDRESS AND WERE MET BY [REDACTED] (OFFENDER) AND [REDACTED] (VICTIM AND COMPLAINANT) WHO STATED THAT THE SAID OFFENDER GOT INTO HER VEHICLE AND WOULD NOT GET OUT. VICTIM STATED THAT THE OFFENDER WAS ACTING VERY CRAZY AND WAS NOT MAKING ANY SENSE IN WHAT SHE WAS SAYING. P.O. SANCHEZ #11497 MADE CONTACT WITH THE OFFENDER WHO HE STATED WAS OUT OF CONTROL AND WOULD NOT FOLLOW THE R/O'S INSTRUCTIONS TO EXIT THE VEHICLE. P.O. SANCHEZ TRIED ESCORTING THE VICTIM OUT OF THE VEHICLE BUT SHE REFUSED VERBAL COMMAND. OFFENDER BECAME IRATE STARTED KICKING AND FLAIED HER ARMS/FEET. P.O. MOUSSA THEN CAME TO ASSIST, WHEN OFFENDER KICKED P.O. MOUSSA IN THE LEG AND SCRATCHED HIS LEFT HAND WHILE TRYING TO PLACE OFFENDER IN CUSTODY. P.O. MOUSSA SUSTAINED A MINOR LACERATION. OFFENDER WAS OUT OF CONTROL YELLING "WHO ARE THE DEVIL, GET AWAY FROM ME" AT WHICH TIME P.O. SANCHEZ YELLED TASER, TASER, TASER AND DEPLOYED A DEPARTMENT ISSUSED TASER STRIKING THE OFFENDER. P.O. MOUSSA #5509 WENT TO PLACE THE OFFENDER INTO CUSTODY BUT SHE CONTINUED TO RESIST, NOT FOLLOWING VERBAL DIRECTIONS. OFFENDER STARTED TO GET UP WHEN P.O. SANCHEZ #11497 DISCHARGED THE TASER AGAIN AND P.O. MOUSSA PERFORMED AN EMERGENCY TAKEDOWN, REAR CUFFING GETTING THE OFFENDER INTO CUSTODY. OFFENDER WAS STILL KICKING AND SPITTING AT R/O'S ON SCENE AND WAS YELLING AND SCREAMING OUT OF CONTROL. OFFENDER WAS PLACED INTO THE WAGON BT.1572. R/O WAS MET BY THE VICTIM'S HUSBAND ON SCENE WHO RELEATED THAT THE OFFENDER SUFFERS FROM MENTAL ILLNESS, SCHIZOPHRENIA, BIPOLAR DISORDER AND HAS NOT BEEN TAKING HER MEDICATION FOR THREE WEEKS. OFFENDER WAS TRANSPORTED TO [REDACTED] FOR MENTAL HEALTH EVALUATION. WHILE BEING ESCORTED OUT OF THE WAGON BY P.O. DELES #12951 OFFENDER KICKED THE P.O. IN THE CHEST AND SPIT BODILY FLUIDS AT HER FACE AT WHICH TIME THE P.O. MOVED GETTING SPIT ON HER JACKET. OFFENDER WAS ADMITTED FOR PSYCHIATRIC EVALUATION. R/O'S ARE NOT PURSUING CHARGERS AT THIS TIME DUE TO THE MENTAL CAPACITY OF THE OFFENDER. [REDACTED] (VICTIM AND COMPLAINANT) OF THE VEHICLE TRESPASS DOSE NOT WANT TO PERSUE CHARGES AT THIS TIME DUE TO THE MENTAL CONDITION OF THE OFFENDER.

NOTIFICATION: VIOLENT CRIMES SGT. MITCHELL Beat#: Star#: 1888 Emp#: Date: 23-FEB-2015 Time: 1435 NOT

- STAR#: 13938 NAME: CHARLES HUNTER BEAT: 1542
- STAR#: 1335 NAME: MATTHEW SWAIN BEAT: 1520
- STAR#: 5509 NAME: GEORGE MOUSSA BEAT: 1512
- STAR#: NAME: BEAT: 1523
- STAR#: NAME: BEAT: 1533
- STAR#: NAME: BEAT: 1572

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	5509	[REDACTED]	MOUSSA, George	[REDACTED]	23 Feb 2015 15:06	015	1512

Victim	IUCR	Crime	Offender
P.O. MOUSSA #5509	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
P.O. MOUSSA #5509	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]
P.O. SANCHEZ #11497	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
P.O. SANCHEZ #11497	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]
P.O. DELES #12951	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	1360	Criminal Trespass - To Vehicle	[REDACTED]

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	1. DATE OF INCIDENT		TIME		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE		4. BEAT/OCCUR				
	23-FEB-2015		12:23:00		[REDACTED]				304		1512				
	5. POSITION	6. LAST NAME		7. FIRST NAME		8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.				
	9161	DELES		VITA C		12951	<input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	WHI	[REDACTED]	504	158				
	14. DATE OF APPT.	15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT		17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?							
	11-SEP-2000	[REDACTED]		015 1572		<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME	21. FIRST NAME		22. M.I.		23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.					
	[REDACTED]	[REDACTED]		[REDACTED]		<input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	BLK	[REDACTED]	506	190					
	20. WAS SUBJECT ARMED? MOUTH (SPIT,BITE,ETC), FEET											31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?		
	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
35. CONDITION											01 Apparently Normal	02 Under Influence			
<input checked="" type="checkbox"/> 03 Hospitalized											04 Not Hospitalized	05 Refused Medical Aid			
36. CHARGES PLACED											DNA	37. CB NO.	IR NO.	DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS			ACTIVE RESISTER			ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE				
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>		FLED	<input type="checkbox"/>		IMMINENT THREAT OF BATTERY	<input type="checkbox"/>		ATTACK WITH WEAPON	<input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>		PULLED AWAY	<input checked="" type="checkbox"/>		OTHER _____			ATTACK WITHOUT WEAPON	<input checked="" type="checkbox"/>		WEAPON	<input type="checkbox"/>	
	OTHER _____			OTHER _____						OTHER <u>KICKED P.O. DELES IN H</u>			OTHER _____		
	MEMBER'S RESPONSE	MEMBER PRESENCE	<input checked="" type="checkbox"/>		OPEN HAND STRIKE	<input type="checkbox"/>		ELBOW STRIKE	<input type="checkbox"/>		KNEE STRIKE	<input type="checkbox"/>		FIREARM	<input type="checkbox"/>
		VERBAL COMMANDS	<input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>		KICKS	<input type="checkbox"/>		OTHER _____	
		ESCORT HOLDS	<input checked="" type="checkbox"/>		OC CHEMICAL WEAPON	<input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>			
		WRISTLOCK	<input type="checkbox"/>		CANINE	<input type="checkbox"/>									
		ARMBAR	<input type="checkbox"/>		TASER (Probe Discharge)	<input type="checkbox"/>									
		PRESSURE SENSITIVE AREAS	<input type="checkbox"/>		TASER (Contact Stun)	<input type="checkbox"/>									
CONTROL INSTRUMENT		<input type="checkbox"/>		TASER (Spark Displayed)	<input type="checkbox"/>										
OC/CHEMICAL WEAPON W/AUTHORIZATION		<input type="checkbox"/>		OTHER _____			OTHER _____								
OTHER _____															
39. WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)					40. ADDITIONAL INFORMATION									
						AFTER OPENING THE DOORS TO THE SQUADROL, [REDACTED] LOOKED IN P.O. DELES'S DIRECTION AND SPIT AT HER. P.O. DELES WAS ABLE TO MOVE HER FACE FROM THE ONCOMING SPIT. [REDACTED] SPIT LANDED ON THE RIGHT SIDE OF HER CPD JACKET.									
POSITION	STAR NO.		UNIT		41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS				
					<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 04 SEMI-AUTO PISTOL	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night	<input type="checkbox"/> 03 Dawn	<input type="checkbox"/> 04 Dusk	<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/> 05 Poor Artificial	<input type="checkbox"/> 06 Good Artificial	
					<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> 06 TASER (Probe Discharge)								
					<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 07 OTHER									
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)			51. CHICAGO GUN REG. NO.			52. IL FIREARM OWNER ID. NO.			53. HANDGUN CERTIFICATE NO.					
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.			56. TYPE OF AMMUNITION USED			57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.			58. TOTAL NO. OF SHOTS MEMBER FIRED					
59. WHO FIRED FIRST SHOT	<input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN			<input type="checkbox"/> 03 OTHER (Specify)					
<input type="checkbox"/> 01 MEMBER	<input type="checkbox"/> 02 OFFENDER						<input type="checkbox"/> 01 RT. SIDE (WAIST)	<input type="checkbox"/> 02 LT. SIDE (WAIST)							
63. HOW WAS MEMBER'S HANDGUN DRAWN	<input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS			<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
<input type="checkbox"/> 01 STRONG SIDE DRAW	<input type="checkbox"/> 02 CROSS DRAW														
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED										
					<input type="checkbox"/> 01 0 - 05 FT.	<input type="checkbox"/> 02 05 - 10 FT.	<input type="checkbox"/> 03 10 - 15 FT.	<input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON					69. POSITION OF MEMBER DISCHARGING WEAPON										
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)										
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.														
SIGNATURES	73. REPORTING MEMBER (Print Name) DELES, VITA C 23-FEB-2015 14:15:03 STAR/EMPLOYEE NO. 12951 Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.														
	74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW STAR NO. 1335 SIGNATURE [REDACTED] DATE REVIEWED 23-FEB-2015 14:16:15 TIME 14:16:15														

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was being treated at the hospital at the time this report was reviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's force option was in compliance with the Department's rules and regulations concerning proper use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CAMPBELL, JACKIE

SIGNATURE

DATE COMPLETED

TIME

23-FEB-2015 15:16:38

79. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) DELES, VITA C		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/>	
STAR NO. 12951	POSITION POLICE OFFICER	EMPLOYEE NO. [REDACTED]	LOCATION CODE 304-STREET
DATE OF APPOINTMENT 11-SEP-2000	BEAT/CALL NO. 1512	BEAT OF OCCURRENCE 1512	
UNIT OF ASSIGNMENT 015	SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 23-FEB-2015
HEIGHT 504	WEIGHT 158	TIME 12:23:00	DAY OF WEEK MONDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input checked="" type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> B. VEHICLE _____ <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE <input checked="" type="checkbox"/> BLACK DOB [REDACTED] CB NO. _____ IR NO. _____			
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1			
LIGHTING CONDITIONS AT INCIDENT <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN 1. POOR 2. GOOD			
WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 1 F			

REPORTING MEMBER - SIGNATURE
DELES, VITA C

STAR NO.
12951

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
CAMPBELL, JACKIE

723

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 23-FEB-2015		TIME 12:21:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 277	4. BEAT/OCCUR 1512		
MEMBER INVOLVED SUBJECT INFORMATION DNA	5. POSITION 9161	6. LAST NAME HUNTER	7. FIRST NAME CHARLES	8. STAR NO. 13938	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE [REDACTED]	12. HT. 508	13. WT. 198	
	14. DATE OF APPT. 14-DEC-1998	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 015 1542	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE WBH	25. D.O.B. [REDACTED]	26. HT. 506	27. WT. 190		
	30. WAS SUBJECT ARMED? FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized				01 Apparently Normal [REDACTED]	02 Under Influence [REDACTED]				
	36. CHARGES PLACED [REDACTED]				37. CB NO. [REDACTED]	IR NO. [REDACTED]				
	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____			ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAILANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER KICKING AND FLAILING <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____
	MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____			OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER R/O SECURED OFFENDER'S LEGS <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____
	39. WEAPON DISCHARGE INCIDENT * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40. ADDITIONAL INFORMATION POSITION STAR NO. UNIT					
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		
49. TASER DART ID NO. [REDACTED]			50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]	
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)				
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
72. CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
73. REPORTING MEMBER (Print Name) HUNTER, CHARLES 23-FEB-2015 14:20:49		STAR/EMPLOYEE NO. 13938		SIGNATURE [REDACTED]						
74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW		STAR NO. 1335		SIGNATURE [REDACTED]		DATE REVIEWED 23-FEB-2015	TIME 14:22:17			
71. R. NO. [REDACTED]										

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was at hospital at time report reviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's force options were in conformance with the Department rules and regulations concerning appropriate use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CAMPBELL, JACKIE

SIGNATURE

DATE COMPLETED

TIME

23-FEB-2015 15:14:04

79. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) HUNTER, CHARLES		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 13938		ADDRESS OF OCCURRENCE	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO STATE (if outside Chicago)	
DATE OF APPOINTMENT 14-DEC-1998		EMPLOYEE NO. [REDACTED]	
LOCATION CODE 277-PARKING LOT/GARAGE(NON.RES)		BEAT OF OCCURRENCE 1512	
UNIT OF ASSIGNMENT 015		BEAT/CALL NO. 1542	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		DOB [REDACTED]	
HEIGHT 508		WEIGHT 198	
NO. OF OFFICERS BATTERED 3			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 7			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		MANNER OF ATTACK	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> B. VEHICLE _____ <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> 1. REVOLVER _____ <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 2. SEMI-AUTOMATIC _____ <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 3. RIFLE _____ <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> 4. SHOTGUN _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input type="checkbox"/> K. OTHER			
FIREARM USE INFORMATION		(Check all that apply):	
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		<input type="checkbox"/> I. BLUNT INSTRUMENT	
OFFENDER INFORMATION			
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F		RACE BLACK HISPANIC DOB [REDACTED]	
CB NO. [REDACTED]		IR NO. [REDACTED]	
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED?	
		<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: 1 F			

REPORTING MEMBER - SIGNATURE
HUNTER, CHARLES

STAR NO.
13938

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
CAMPBELL, JACKIE

723

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 23-FEB-2015		TIME 12:22:00	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE 277	4. BEAT/OCCUR 1512			
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME MOUSSA	7. FIRST NAME GEORGE	8. STAR NO. 5509	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT. 5'11	13. WT. 250		
	14. DATE OF APPT. 29-SEP-2003	15. EMPLOYEE NO. 015	16. UNIT & BEAT OF ASSIGNMENT 1512	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME		21. FIRST NAME	22. M.I.	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 506	26. HT. 5'06	27. WT. 190		
	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No VERBAL THREAT (ASSAULT), FEET, HANDS/FISTS					31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized					01 Apparently Normal <input type="checkbox"/>	02 Under Influence <input type="checkbox"/>	05 Refused Medical Aid			
	36. CHARGES PLACED					<input type="checkbox"/> DNA	37. CB NO.	IR NO.	<input type="checkbox"/> DNA		
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>FLAIED HANDS/ARMS,KIC</u>		ASSAILANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <u>FLAIDEDE HANDS/ARMS</u>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
		MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <u>HELD DOWN BY FORCE W.</u>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____	
		39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) POSITION					40. ADDITIONAL INFORMATION MENTALLY ILL AND DELUSIONAL.				
		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR			
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		70. EVENT NO. 71. R.D. NO. 72. CASE INFO. SIGNATURES			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. REPORTING MEMBER (Print Name) MOUSSA, GEORGE 23-FEB-2015 16:16:35					STAR/EMPLOYEE NO. 5509	SIGNATURE					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW					STAR NO. 1335	SIGNATURE	DATE REVIEWED 23-FEB-2015 16:18:07		TIME		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

At the time this report was reviewed, the subject was being treated at the hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's use of force is in compliance with the Department rules and regulations regarding proper use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CAMPBELL, JACKIE

SIGNATURE

DATE COMPLETED

TIME

23-FEB-2015 16:22:15

79. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MOUSSA, GEORGE		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/>	
STAR NO. 5509	POSITION POLICE OFFICER	LOCATION CODE 277-PARKING LOT/GARAGE(NON.RES) BEAT OF OCCURRENCE 1512	
DATE OF APPOINTMENT 29-SEP-2003	EMPLOYEE NO. [REDACTED]	DATE OF OCCURRENCE TIME 23-FEB-2015 12:22:00 DAY OF WEEK MONDAY	
UNIT OF ASSIGNMENT 015	BEAT/CALL NO. 1512	NO. OF OFFICERS BATTERED <u>3</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>7</u>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	HEIGHT <u>511</u> WEIGHT <u>250</u>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
MANNER OF ATTACK			
		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT			
		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
FIREARM USE INFORMATION			
		(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE BLACK DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]	
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES GANG RELATED? <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 2. NO NO. OF OFFENDERS PRESENT? <u>1</u>	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
LIGHTING CONDITIONS AT INCIDENT			
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN 1. POOR 2. GOOD		WEATHER CONDITIONS APPROXIMATE OUTDOOR TEMPERATURE: <u>7 F</u>	

MENTALLY ILL

REPORTING MEMBER - SIGNATURE
MOUSSA, GEORGE

STAR NO.
5509

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
CAMPBELL, JACKIE

723

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 23-FEB-2015		TIME 12:25:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 277	4. BEAT/OCCUR 1512			
MEMBER INVOLVED SUBJECT INFORMATION DNA	5. POSITION 9161	6. LAST NAME SANCHEZ	7. FIRST NAME JOSE L	8. STAR NO. 11497	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 510	13. WT. 171		
	14. DATE OF APPT. 14-DEC-1998	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 015 1513	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 511	27. WT. 200		
	28. DUTY (SPIT,BITE,ETC), ET, ANDS/FISTS [REDACTED]					31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	29. ILLNESS [REDACTED]					30. 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
	36. CHARGES PLACED [REDACTED]					37. CB NO. [REDACTED]	IR NO. [REDACTED]	38. DNA			
	39. SUBJECT'S ACTIONS PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER FLAILED HANDS AND FEET		ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ASSAILANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAILANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
	40. MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____		
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER					42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR			
	45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]				
49. TASER DART ID NO. C62004N4N		50. WEAPON SERIAL NO. (Include Letters) ZZX3006E7		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]			
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW					65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
70. EVENT NO. [REDACTED]											
71. R. NO. [REDACTED]											
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. REPORTING MEMBER (Print Name) SANCHEZ, JOSE L 23-FEB-2015 14:23:14											
74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW STAR NO. 1335 SIGNATURE [REDACTED]											
DATE REVIEWED 23-FEB-2015 14:26:46 TIME											

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

The subject was being treated at a hospital at the time this report was reviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon all available information at this time, it appears that the member's use of force was in conformance with the Department's policy on use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CAMPBELL, JACKIE

SIGNATURE

DATE COMPLETED

TIME

23-FEB-2015 15:19:19

79. TOTAL TRR's THIS EVENT No.

4

**EVIDENCE SYNC™****TASER Information**

Serial ZZX3006E7
Model TASER X2
Firmware Version Rev. 04.010
Application Version 3.12.48
Health Good

Offline Report

Local Timezone Central Standard Time (UTC -05:00)
Generated On 31 Mar 2015 07:46:49

Event types shown : Trigger, Arc**Dates from : Mon Feb 23 00:00:00 2015 to : Mon Feb 23 23:00:00 2015****Device (X2)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/status]	Duration [Seconds]	Temp [Degrees Celcius]	Batt Remaining [%]
2852	23 Feb 2015 12:23:39	Trigger	C1: Deployed	1		33
2855	23 Feb 2015 12:23:51	Trigger	C2: Deployed	1		33
2858	23 Feb 2015 12:23:55	Arc	C1: Deployed C2: Deployed	1		33
2859	23 Feb 2015 12:23:59	Arc	C1: Deployed C2: Deployed	1		33
2860	23 Feb 2015 12:24:00	Arc	C1: Deployed C2: Deployed	1		33
2861	23 Feb 2015 12:24:01	Arc	C1: Deployed C2: Deployed	2		33
2862	23 Feb 2015 12:24:07	Arc	C1: Deployed C2: Deployed	2		32
2863	23 Feb 2015 12:24:11	Arc	C1: Deployed C2: Deployed	2		32
2864	23 Feb 2015 12:25:35	Arc	C1: Deployed C2: Deployed	1		32

**EVIDENCE SYNC****TASER Information**

Serial ZZX3006AP
Model TASER X2
Firmware Version Rev. 03.045
Application Version 3.12.48
Health Good

Offline Report

Local Timezone Central Standard Time (UTC -05:00)
Generated On 31 Mar 2015 07:44:58

Event types shown : Trigger, Arc**Dates from : Sat Jan 17 00:00:00 2015 to : Sat Jan 17 23:00:00 2015****Device (X2)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/ status]	Duration [Seconds]	Temp [Degrees Celcius]	Batt Remaining [%]
15338	17 Jan 2015 07:48:26	Trigger	C1: Deployed	5		74
15339	17 Jan 2015 07:48:43	Arc	C1: Deployed C2: 25' Standard	1		73
15340	17 Jan 2015 07:48:43	Trigger	C2: Deployed	5		73
15347	17 Jan 2015 15:57:40	Arc	C1: 25' Standard C2: 25' Standard	1		72